

t

COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	METHOD AND APPARATUS FOR PREPARING A SLURRY APPLIED TO A WEB	OF ADD-ON MATERIAL TO BE				
he specification of which (check only one item below):						
	is attached hereto, and was amended on	(if applicable).				
	was filed as United States application number 10/649,787 of and was amended on (if applicable					
	was filed as PCT international application number and was amended on (if applicable).	on				

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §§119 (a)-(d), 172 or 365 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

COUNTRY		DATE OF FILING	PRIORITY CLAIMED UNDER
(if PCT, indicate "PCT")	APPLICATION NUMBER	(MM/DD/YYYY)	35 U.S.C. §§119, 172 or 365
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
7			☐ Yes ☐ No

Application No. <u>10/649,787</u> Attorney Docket No. <u>021238-578</u>

I hereby appoint the following attorneys and agent(s) to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

and Kevin B. Osborne, R/N 33,750; Hillary Hawkins, R/N 42,235; Charles E. B. Glenn, R/N 29,796; William O. Trousdell, R/N 38,637

Address all correspondence to:

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Customer Number 2 1 8 3 9

P.O. Box 1404

Alexandria, Virginia 22313-1404

Address all telephone calls to: Peter K. Skiff

at (703) 836-6620.

'I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize

the validity of the application or any patent issued thereon.

GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNAME
Rajesh K.	Garg
INVENTOR'S SIGNATURE	N. L. Cruy 1/8/04
RESIDENCE (City, State & Country) Richmond, Virginia USA	CITIZENSHIP
	USA
NAME OF SECOND INVENTOR	
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNAME
GIVEN NAME (first and middle (if any)) Tony	FAMILY NAME OR SURNAME Phan
1	
INVENTOR'S SIGNATURE RESIDENCE (City, State & Country)	Phan
Tony INVENTOR'S SIGNATURE	Phan DATE

Application No. <u>10/649,787</u>
Attorney Docket No. <u>021238-578</u>

NAME OF THIRD INVENTOR	
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNAME
Bradford C.	Reynolds
INVENTOR'S SIGNATURE	DATE
Buston C (Knymle)	3/11/04
RESIDENCE (City, State & Country) Richmond, Virginia USA	CITIŻENSHIP
r Komiona, Vilginia 33, K	USA
MAILING ADDRESS (Complete Street Address including City, Stat 9514 Chatterleigh Drive, Richmond, VA 23233	e, Zip & Country)
NAME OF FOURTH INVENTOR	
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNAME
Michael R	Hawkins
INVENTOR'S SIGNATURE	DATE
Mil. Kl	1/13/64
RESIDENCE (City, State & Country) Richmond, Virginia USA	CITIŽENSHIP
, tionnorid, virginia cox	USA
MAILING ADDRESS (Complete Street Address including City, Stat 301 Oak Lane, Richmond, VA 23226	e, Zip & Country)
NAME OF FIFTH INVENTOR	
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNAME
INVENTOR'S SIGNATURE	DATE
RESIDENCE (City, State & Country)	CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, Stat	e, Zip & Country)
NAME OF SIXTH INVENTOR	
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNAME
INVENTOR'S SIGNATURE	DATE
RESIDENCE (City, State & Country)	CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, Stat	e, Zip & Country)